

**CITY OF LEBANON**  
**APPLICATION FOR UTILITY SERVICES**

No. \_\_\_\_\_ Date \_\_\_\_\_

Service Address \_\_\_\_\_ Billing Address \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Adult Occupants \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone(s) \_\_\_\_\_ Adult Occupants \_\_\_\_\_

Date of Birth \_\_\_\_\_ Soc Sec # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Soc Sec # \_\_\_\_\_

Drivers License \_\_\_\_\_ Drivers License \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Employer Address \_\_\_\_\_ Employer Address \_\_\_\_\_

Name of Property Owner \_\_\_\_\_ Owners Address \_\_\_\_\_ Phone \_\_\_\_\_

Type of Service Required: Residence \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Electric \_\_\_\_\_ Water \_\_\_\_\_ Sewer \_\_\_\_\_ Waste \_\_\_\_\_

Date Required \_\_\_\_\_

Remarks \_\_\_\_\_

I certify that I shall be responsible for payment of all bills lawfully due with respect to above requested services until notification to discontinue service.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

This is to certify that \_\_\_\_\_ has deposited (\$ \_\_\_\_\_)

to secure payment for ELECTRIC / WATER service supplied to the above address.

Received by SERVICE DEPARTMENT  
City of Lebanon, Ohio 45036

By \_\_\_\_\_

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This Deposit does not bear interest and is not negotiable or transferable. The principle or balance will be paid only to the original holder of the receipt or his duly authorized representative. When service has been discontinued and all bills due the City of Lebanon have been paid, then this deposit will be refunded.